



**In the 2014–2019  
funding cycle, PRCs  
reported the following  
accomplishments:**

TRAINED

**77,000+**

public health professionals  
and community members  
to **understand,  
conduct, or translate  
prevention research**

PUBLISHED

**2,000+**

journal articles

**75+**

books or book chapters  
on **public health  
prevention approaches**

DEVELOPED

**400+**

research and practice tools  
that help public health  
practitioners researchers,  
or community members  
use **evidence-based  
practices and policies**

## AN INVESTMENT IN OUR NATION'S HEALTH

Chronic diseases are among the most common, costly, and preventable of all health problems in the United States. In 1984, Congress authorized the U.S. Department of Health and Human Services (HHS) to create a network of academic research centers to conduct community-based applied public health research to address chronic diseases and other leading causes of death and disability in the United States. CDC was selected to provide leadership, technical assistance, and oversight for the Prevention Research Centers (PRC) Program.

## A COLLABORATION WITH COMMUNITIES TO BUILD A HEALTHIER TOMORROW

PRCs engage local communities to develop and test solutions to public health problems. During 2019–2024, CDC is funding 26 PRCs across the United States. Each PRC is funded for 5 years to maintain a research center and conduct prevention research that promotes health and prevents chronic illness and other diseases and disabilities. The solutions developed by PRCs are intended to be applied widely, especially in populations affected by health disparities. In addition to creating healthier communities, PRCs have increased the public health workforce and conducted research that will guide future initiatives.

## WORKING TO IMPROVE HEALTH OUTCOMES

Every PRC conducts a core research project that engages community members on a range of topics such as [cancer](#), [nutrition and physical activity](#), diabetes, violence prevention, [sexual health](#), immunization, [healthy aging](#), and [more](#).

In addition to their core research projects, PRCs can conduct prevention research as a part of a [Special Interest Project \(SIP\)](#) or SIP [Thematic Research Network](#).

- SIPs focus on a topic of interest or a gap in scientific evidence. Currently funded PRCs can apply for funding for these supplemental projects, sponsored by CDC programs.
- Thematic Research Networks are a type of SIP that includes multiple PRCs working together on a health issue. There are currently five thematic research networks: [Cancer Prevention and Control](#), [Dementia Risk Reduction](#), [Managing Epilepsy Well 2.0](#), [Nutrition and Obesity Policy Research and Evaluation](#), and [Physical Activity Policy Research and Evaluation](#).

## APPLYING RESEARCH TO PRACTICE

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Here are a few examples of PRC projects from the 2019–2024 funding cycle:



**The UMass Worcester PRC** is implementing an evidence-based program titled [BP Control](#) among people with low incomes and racial or ethnic groups with higher rates of high blood pressure and uncontrolled high blood pressure.

The program refers members of these priority groups to a community health worker for coaching to help them take their blood pressure medicine as prescribed. Taking blood pressure medicine consistently protects the heart, brain, and kidneys.



**The Yale-Griffin PRC** is assessing the feasibility of a [virtually delivered Diabetes Prevention Program \(v-DPP\)](#) for adults with lower incomes who are at risk

of type 2 diabetes and who are residents of New Haven or the Lower Naugatuck Valley in Connecticut. Community health workers and community nurses coordinate care, conduct the program, and help identify and address barriers for participants. Offering a virtual version of this lifestyle change program could improve enrollment, engagement, behaviors, and health outcomes.



**The University of Colorado Denver: Rocky Mountain PRC** is implementing [STANCE \(Linking Systems To address ACEs in Childhood Early on\)](#), an intervention designed to reduce the health effects of adverse childhood experiences (ACEs) in the San Luis Valley of Colorado. STANCE has three main parts:

- Universal assessment of ACEs for children aged 0 to 5 years and their caregivers.
- Use of the pyramid model in early childcare education settings to promote social-emotional development in children.
- Review of community social networks to strengthen care for children and families affected by trauma and related health outcomes.

## FORWARD THINKING

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The PRC Program has advanced public health research and practice for more than 30 years, and it will continue to work towards building a healthier tomorrow in communities across the country. Future efforts include increasing the PRC Program's population health impact by accelerating the translation, dissemination, and implementation of evidence-based public health research that address chronic disease prevention priorities among communities to advance health equity.

## Three Decades of Community Engagement Make Us Unique

A cornerstone of the PRC Program is the community engaged research. PRCs have built trust by listening and truly collaborating with local communities through Community Advisory Boards. These long-term relationships allow PRCs to accelerate research into practice effectively and efficiently and improve health.

Since the start of the program in the late 1990s, more than 9,400 older adults and 133 organizations across 26 states have participated in the University of Washington Health Promotion Research Center's PEARLS (Program to Encourage Active, Rewarding Lives), an evidence-based program that helps older adults manage and reduce their feelings of depression and isolation.

## TO FIND OUT MORE ABOUT THE PRC PROGRAM AND OUR ONGOING PROJECTS

Visit our website at [www.cdc.gov/prc](http://www.cdc.gov/prc) and explore the [Pathway to Practice Resource Center](#) for details on past and current projects.



U.S. Department of  
Health and Human Services  
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